

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042033

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6185

STATE FILE NUMBER

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in lb
80 YEARSc. FULL NAME OF DECEASED
HOSPITAL OR INSTITUTION 3537 MAIN STREET
LINDEMAN NURSING HOMEInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3014 MICHIGAN AVENUEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

IRENE

SUSAN

LOCKARD

4. DATE OF DEATH

Month

Day

Year

DECEMBER 5th 1962

5. SEX
FEMALE6. COLOR OR RACE
CAUCASIAN7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10/7/829. AGE (last birthday)
80IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during previous 12 months (If none, give "Retired")
TELEPHONE OPERATOR10b. KIND OF BUSINESS OR INDUSTRY
BELL TELEPHONE CO. KANSAS CITY, MO.11. BIRTHPLACE (City and state or country)
KANSAS CITY, MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

J. B. LOCKARD

13b. MOTHER'S MAIDEN NAME

AMANDA UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO16. SOCIAL SECURITY NO.

17. INFORMANT

Address 3539 WARWICK BLVD
MRS. EDITH ICENHOWER, KANSAS CITY, MO18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident
diabetes mellitusINTERVAL BETWEEN
ONSET AND DEATH1 week.
many
years.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 4 1957 to Dec 5, 1962 and last saw her alive on Nov 30, 1962
Death occurred at 3.00. A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin P. Hunter M.D.

22b. ADDRESS

4706 Broadway

22c. DATE SIGNED

12/5/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

DEC. 7, 1962

23c. NAME OF CEMETERY OR CREMATOR

FOREST HILL CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

D.W. Newcomer's Sons, Kansas City Mo

25. DATE RECD. BY LOCAL REG.

12-6-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Martin P. Hunter Medical Certification

DR MARTIN F. HUNTER MD
4706 Broadwing WEL-5800
1-20-5100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Fowler

Licensed Embalmer No. 4915

P. O. Address 4706 Broadwing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.